

[Studio Name]

[Address Line 1]
[City, State, Zip]
[Email/Phone]

INVOICE

DATE: _____
INVOICE #: _____

Client Details:

[Client Name]
[Client Address]
[Client Phone]

Session Info:

Date: [Date]
Time: [Time]
Location: [Location]

Description	Qty	Amount
Non-Refundable Booking Fee / Retainer Secures date and time for family portrait session	1	\$ 0.00
[Additional Service/Add-on]	-	\$ 0.00

Subtotal: \$ 0.00

Tax: \$ 0.00

Total Due: \$ 0.00

Payment Notes: Booking fee is required to confirm your appointment. This fee will be applied toward your final package balance.

Cancellation Policy: [Policy Details]